

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026605

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1823

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kirkwood		c. CITY OR TOWN Kirkwood	
Length of stay in 1b 50 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give full name) ARGONNE		d. STREET ADDRESS (If outside corporate limits, give full name) 220 W. Argonne Ave.	
HOSPITAL OR INSTITUTION 220 W. Argonne Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MARY ELLEN DALY		4. DATE OF DEATH Month June Day 6 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/1/73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	
11a. FATHER'S NAME John McLaughlin		11b. MOTHER'S MAIDEN NAME Mary Ellen Sargent	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. Ms. Wallace Boyle, 220 W. Argonne, Kirkwood	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial Pneumonia DUE TO (b) Cardiac Decompensation DUE TO (c) Arteriosclerotic cardio-vascular		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year 10 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 3:30 a.m. Am Month, Day, Year 9-10-49	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION 6-6-63	
21. I attended the deceased from 9-10-49 to 6-6-63 and last saw her alive on 6-3-63		Death occurred at 3:30 Am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. McLaughlin (Degree or title)		22b. ADDRESS 5203 Chippewa	
22c. DATE SIGNED 6-7-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/8/63		23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	
23d. LOCATION (City, town, or county) Kirkwood, Mo.		23e. DATE RECD. BY LOCAL REG. 6-8-63	
24. FUNERAL DIRECTOR Bopp Chapel, Kirkwood, Mo.		25. REGISTRAR'S SIGNATURE John B. Murphy	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.